

FIDUCIARY INSURANCE COMPANY OF AMERICA (303)

45-18 COURT SQUARE, SUITE 401, LONG ISLAND CITY NY 11101

TEL: (718) 706-7114 FAX: (718) 729-7833 (718) 706-8854

BLACK CAR / CAR SERVICE / LIVERY INSURANCE APPLICATION

APPLICATION DATE	RATE STATUS			RATE CODE	ANNUAL PREMIUM	EFFECTIVE DATE	EXPIRATION DATE
	O/D	O/A	CORP				

NAME AND ADDRESS OF APPLICANT	NAME AND ADDRESS OF PRODUCER

TELE #		TELE #	
CELL #	PAGER	FAX #	

APPLICANT'S INFORMATION	SOC SEC NO	NYS LICENSE #	HACK LICENSE #	

VEHICLE INFORMATION	YEAR	MAKE	VIN #	PLATE #

RADIO BASE INFORMATION	TLC APPROVED RADIO BASE	TLC RADIO BASE LICENSE #	PHONE #	VEHICLE BASE #

DRIVERS INFORMATION	DRIVER 1	DRIVER 2	DRIVER 3

NEXT OF KIN INFORMATION	IN CASE OF EMERGENCY CONTACT	NAME (OTHER THAN SPOUSE)	ADDRESS	PHONE	RELATIONSHIP

LIMITS OF LIABILITY	BODILY INJURY	PERSONAL INJURY PROTECTION		PROPERTY DAMAGE
	100,000 / 300,000	BASIC 50,000	ADDITIONAL 150,000	

* OBEL AND SUM COVERAGES ARE AVAILABLE UPON REQUEST

LIST NAME(S) OF PREVIOUS CARRIER(S) AND LOSS EXPERIENCE FOR THE PAST 36 MONTHS

INSURANCE COMPANY	POLICY #	PERIOD COVERED	# OF CLAIMS REPORTED	# OF VIOLATIONS

FOR OFFICE USE ONLY

ASSIGNED POLICY #	YEAR	EFFECTIVE DATE	PRODUCER
FICA-			

ANNUAL PREMIUM	FACTOR	ADJ ANNUAL PREMIUM	DEPOSIT	CURRENT MONTH PREM	MONTHLY THEREAFTER
\$		\$	\$	\$	\$

MOTOR VEHICLE LAW ENFORCEMENT FEE OF \$5.00 PER VEHICLE IS PAYABLE FOR REGISTRATION OF EACH VEHICLE ATTACHED TO THIS POLICY AND IS BILLED SEPARATELY.

UNDERWRITER SIGNATURE: _____ APPROVED RATE STATUS: _____

* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim for any insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to submit such false information commits a fraudulent insurance act, which is a crime, and shall be subject to criminal and/or civil prosecution to the fullest extent of the law.

** By my signature below in the presence of my broker, I hereby submit this application for insurance coverage to Fiduciary Insurance Company of America. Furthermore, I authorize Fiduciary Insurance Company of America to review, verify, clarify and confirm any and all statement of facts included in this application. Includes but is not limited to verifying the existence of prior insurance coverage, loss history, driving history, income information as well as my affiliation with a radio base. Finally, I understand that the information contained in this application or obtained by any or all of the above methods will be used solely to determine my eligibility for coverage and will not be shared or distributed in any manner without my written consent except as required by law.

APPLICANT _____ BROKER _____ DATE _____

AUTHORIZATION FOR VERIFICATION OF RADIO BASE AFFILIATION

I, _____, hereby authorize _____ to provide FIDUCIARY INSURANCE COMPANY OF AMERICA, hereafter referred to as "FICA", with evidence of Base Affiliation for myself as required by law. I further understand that if I am not affiliated with the above mentioned base, FICA reserves the right to deny my application for insurance. Furthermore, if a policy was issued to me and FICA discovers in their due diligence that I am indeed not affiliated with the base, then FICA reserves the right to cancel my policy for material misrepresentation in accordance with the insurance contract.

OWNER OPERATOR AFFIDAVIT

I understand and declare the following to be true:

- I am requesting coverage as an owner operator classification.
- I am the owner of the vehicle requesting coverage in this application.
- I am also the sole operator of this vehicle.
- In the event a policy is issued to me and I elect to authorize an additional operator of the vehicle, I will notify and provide FICA with all required information for approval prior to allowing the additional operator to operate the vehicle.
- In the event a policy is issued to me and I fail to notify FICA of any additional operator(s) of the vehicle, then FICA reserves the right to terminate my policy in accordance with the law for misrepresentation or to change my rating classification to adequately insure the risk involved.

OWNER OPERATOR SIGNATURE _____ DATE: _____

OWNER AND NAMED DRIVER AFFIDAVIT

I understand and declare the following to be true:

- I am requesting coverage as an owner and named driver classification.
- I am the owner of the vehicle requesting coverage in this application.
- Only I, _____, the insured named above and the operator listed as an additional operator will be permitted to operate this vehicle.
- In the event a policy is issued to me and I elect to change any additional operator of the vehicle, I will notify and provide FICA with all required information pertaining to this change promptly.
- In the event a policy is issued to me and I fail to notify FICA of any change of additional operator(s) of the vehicle, then FICA reserves the right to terminate my policy in accordance with the law for misrepresentation.

NAMED DRIVER SIGNATURE: _____ DATE: _____

AMENDMENT TO CLASSIFICATION ASSIGNED TO POLICY

It is hereby understood and agreed that if at any time during the course of the policy period, FICA determines that the classification assigned to this application is other than what was applied or issued for, then FICA will amend the classification to appropriately classify the risk.